

Exhibit A

Received EEOC CDO 5-23-2023

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: Agency(ies) Charge No(s): 440-2023-06839
	<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC
Illinois Department of Human Rights and EEOC State or local Agency, if any	

Name (indicate Mr., Ms., Mrs., Mx.)	Home Phone (Incl. Area Code)	Date of Birth
Ms. Nayyirah Ali		

Street Address	City, State and ZIP Code	Email Address
Street Address	City, State and ZIP Code	Email Address
c/o Mhammed Badwan, Sulaiman Law Group, 2500 S. Highland Ave., #200, Lombard, IL 60148		mbadwan@sulaimanlaw.com

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name	No. Employees, Members	Phone No. (Include Area Code)
US Bank National Assoc	15+	1 (800) 872-2657

Street Address	City, State and ZIP Code	Email Address
800 Nicollet Mall	Minneapolis, MN 55402-7000	HR~Elcio Barcelos~Email Unknown

Name	No. Employees, Members	Phone No. (Include Area Code)
	15+	

Street Address	City, State and ZIP Code	Email Address

DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify below.)	DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 03/2023 <input checked="" type="checkbox"/> CONTINUING ACTION
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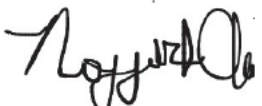
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):
 I, Nayyirah Ali, was hired at US Bank National Association as a Call Center Personal Banker on May 9, 2022, and I am currently employed. I work remotely from my home. Despite having a physical/mental impairment that substantially limits major life activities, I possess the qualifications necessary to perform the essential functions of my job, with or without reasonable accommodation.

The following is a non-exhaustive list of the discrimination, harassment and retaliation I was subjected to:

I have been diagnosed with a physical impairment that requires I have additional time to use the bathroom. In March 2023, I requested an accommodation for additional bathroom time, but my supervisor, Nycole Rice, did not grant this request. Specifically, I needed an additional 15 minutes during my 30-minute lunch break to manage my disability.

Since I requested accommodations, the work environment has been increasingly difficult and hostile for me, especially in relation to my supervisor, Nycole Rice. She insisted that I be available for calls at all times without breaks or bathroom access.

Around April 2023, HR representative Morgan Lessener requested that I fill out an ADA form by April 5th to receive my accommodation. I promptly had my doctor complete the form and sent it back by April 3rd. However, despite my efforts to follow up with HR, they stopped responding to my inquiries regarding the status of my ADA form.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
05 / 23 / 2023 Date	SIGNATURE OF COMPLAINANT
 Charging Party Signature	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

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☐ FEPA☒ EEOC**Illinois Department of Human Rights**

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

On May 2, 2023, my employer claimed they never received my documents. I told them I sent the documents and provided them with email evidence to support my claim.

Then, on May 13, I was transferred to a different department, but my requested accommodation still had not been met.

Additionally, my manager has consistently adjusted my time card, resulting in me no longer being paid for the time I spent performing work before my shift officially started. I only started getting paid from the time of my first call despite being required to perform work tasks before then.

All I needed was an extra 15-minute break to use the restroom due to my condition. However, my employer effectively denied my request for reasonable accommodation and failed to engage with me in an interactive process to determine the appropriate accommodation.

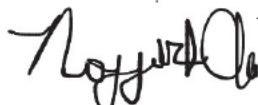
Consequently, I believe that I have been subjected to disability discrimination, disability harassment, and retaliation in violation of the Americans with Disabilities Act, as amended, and the Illinois Human Rights Act (775 ILCS 5/).

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

05 / 23 / 2023

Date



Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)